



# Gonococcal Isolate Surveillance Project

## Form 1: Demographic/Clinical Data

Sentinel Site: (3 letter code) \_\_\_\_\_ (2-4)

Specimens collected during: \_\_\_\_\_ / \_\_\_\_\_  
Year (5-8) Month (9-10)

Form Approved  
OMB No. 0920-0307 Exp. 12/31/2001 (SEE CODING INSTRUCTIONS ON BACK)

<b>Corresponding Date (yr./mo.) of Clinic Totals for Gonorrhea:</b>				Year _____ Month _____ (11-14) (15-16)		<b>Number of Gonorrhea Episodes Diagnosed:</b>				Female: _____ (17-19)		Male: _____ (20-22)		<b>Total Episodes:</b> (Sum of the two) _____ (23-25)			
<b>Patient #</b> (26-27)	<b>Clinic</b> (28)	<b>Sex</b> (29)	<b>Race</b> (30)	<b>Ethnicity</b> (31)	<b>Date of Clinic Visit (mm/dd/yyyy)</b> (32-39)	<b>Date of Birth (mm/dd/yyyy)</b> (40-47)	<b>Age</b> (48-49)	<b>Sexual Orientation</b> (50)	<b>Symptoms</b> (51)	<b>Reason for Visit Treatment 1 (Gonorrhea)</b> (52)	<b>Other Treatment 1</b> (53-54)	<b>Treatment 2 Chlamydia</b> (55-56)	<b>Previous Hx of Gonorrhea</b> (57)	<b># of Previous Episodes (past 12 mos.)</b> (58)	<b>Zipcode</b> (59-75)		
01					__/__/__	__/__/__											
02					__/__/__	__/__/__											
03					__/__/__	__/__/__											
04					__/__/__	__/__/__											
05					__/__/__	__/__/__											
06					__/__/__	__/__/__											
07					__/__/__	__/__/__											
08					__/__/__	__/__/__											
09					__/__/__	__/__/__											
10					__/__/__	__/__/__											
11					__/__/__	__/__/__											
12					__/__/__	__/__/__											
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21					__/__/__	__/__/__											
22					__/__/__	__/__/__											
23					__/__/__	__/__/__											
24					__/__/__	__/__/__											
25					__/__/__	__/__/__											

Public reporting burden for this collection of information is estimated to average 10 minutes per client record extracted (for a total monthly burden of 2 hours and 50 minutes per clinic respondent), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0307). Do not send the completed form to this address.

## CODING INSTRUCTIONS

### Sentinel Site Codes:

Albuquerque	ALB
Anchorage	ANC
Atlanta	ATL
Baltimore	BAL
Birmingham	BHM
Chicago	CHI
Cincinnati	CIN
Cleveland	CLE
Denver	DEN
Fort Bragg	FBG
Honolulu	HON
Kansas City	KCY
Long Beach	LBC
Miami	MIA
Minneapolis	MIN
Nassau County	NAS
New Orleans	NOR
Orange County	ORA
Philadelphia	PHI
Phoenix	PHX
Portland	POR
San Antonio	STO
San Diego	SDG
San Francisco	SFO
Seattle	SEA
St Louis	STL

**Specimens collected during:** Enter all four digits of the year, followed by the two digit code corresponding to the month (01 for January, 02 for February, etc) in which the specimens were collected.

**Monthly Clinic Totals for Gonorrhea:** Enter the year and month to which the clinic totals correspond. (Clinic totals may be submitted for either the current or previous month). Enter the total number of episodes of gonorrhea diagnosed in females at the clinic during that month, the total number of episodes diagnosed in males, and the sum of these two numbers.

**Clinic:** For sentinel sites using more than one clinic, enter the single digit number assigned to the clinic from which the GC isolate was obtained.

**Sex:** 1= male  
2= female  
9= unknown

**Race:** 1= white  
2= black  
4= Asian/ Pacific Islander  
5= native American/ Alaskan native;  
8= other  
9= unknown

**Ethnicity:**  
1= Hispanic  
2= not Hispanic  
9= unknown

**Date of Clinic Visit (mm/dd/yyyy):** Enter month, day, and year of clinic visit at which positive GC culture was obtained. If day is unknown, enter "01" for day.

**Date of Birth (mm/dd/yyyy):** Enter month, day, and year of patient's birth. If year of birth is known, but month and/or day of birth is unknown, enter "01" for month and/or day (i.e. "01/01/1973", for a patient born on an unknown month and day in 1973). 99/99/9999= unknown

**Age:** (Age in years) Enter only if Date of Birth is unknown.  
99= unknown

### Sexual Orientation:

1= heterosexual  
2= homosexual  
3= bisexual  
9= unknown

### Symptoms:

1= discharge and/or dysuria  
2= no discharge or dysuria  
9= symptoms unknown

### Reason for Visit:

1= volunteer (patient self-referral)  
2= contact of gonorrhea patient  
3= test of cure  
8= other  
9= unknown

### Treatment 1: (primary treatment for gonorrhea)

00= none  
03= spectinomycin (Trobicin)  
04= ceftriaxone (Rocephin) 250 mg.  
05= ceftriaxone (Rocephin) 125 mg.  
06= ciprofloxacin  
07= cefoxitin (Mefoxin)  
12= cefixime (Suprax)  
14= cefpodoxime proxetil  
15= ofloxacin (Floxin)  
17= ceftizoxime (Cefizox)  
18= cefotaxime (Claforan)  
19= cefotetan (Cefotan)  
20= cefuroxime axetil (Ceftin)  
88= other (please indicate by name in next column)  
99= unknown

**Other Treatment 1:** If code "88" was entered for Treatment 1, write in the name of the alternative primary antimicrobial therapy for gonorrhea.

### Treatment 2: (treatment for presumptive chlamydial coinfection)

00= none  
01= ampicillin/amoxicillin  
09= doxycycline (Vibramycin)/ tetracycline  
10= erythromycin  
11= azithromycin  
15= ofloxacin(Floxin)  
88= other  
99= unknown

**Previous Hx of Gonorrhea (Ever):** (previous history of gonorrhea in lifetime; may be obtained by patient self-report)

1= yes  
2= no  
9= unknown

**# of Previous Episodes (Past Year):** Enter the number of previous episodes of gonorrhea documented in the patient's record within the past 12 months.

0= no documented previous episodes in the past 12 months (includes patients for whom this is the initial clinic visit)  
99= unknown (patient record not available or clinic staff unable to collect this variable due to record-keeping system)

### Zipcode: (residential)

00000= homeless  
99999= unknown